
Violence and Latino Youth: Prevention and Methodological Issues

MICHAEL A. RODRIGUEZ, MD, MPH
CLAIRE D. BRINDIS, DrPH

Dr. Rodríguez is Associate Director at the Pacific Center for Violence Prevention in San Francisco, CA, and Assistant Clinical Professor of Family and Community Medicine, University of California at San Francisco. He was Robert Wood Johnson Clinical Scholar at Stanford University when this work was performed. Dr. Brindis is Director of the Center for Reproductive Health Policy Research at the Institute for Health Policy and Executive Director of the National Adolescent Health Information Center, University of California, San Francisco.

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Tearsheet requests to Dr. Rodríguez, Pacific Center for Violence Prevention, Bldg. 1, Room 300, San Francisco General Hospital, San Francisco, CA 94110; tel. 415-821-8209.

Synopsis

Latino communities bear a disproportionate share of violence-related morbidity and mortality, yet little

attention has been given to ethnic-cultural differences and their implications for violence prevention research and health promotion efforts.

To date, much of what is known about violence among Latinos is based on regional homicide studies. Little formal data exist that assess and substantiate what is known about Latino cultures and their implications for the study of all aspects of violence, particularly prevention.

This paper presents an overview of the scope of homicide and intentional injuries in Latino communities, reviews risk factors for intentional injuries, and discusses the implications of ethnic-specific factors for violence prevention and research efforts. Data collection and methodological issues and their implications for violence prevention research and health promotion efforts among Latino populations are specifically addressed.

YOUTH VIOLENCE is a major preventable public health problem in the United States. While youth homicide rates in general are extremely high, homicide rates among the youth in minority communities are much higher (1). In particular, Latino communities bear a disproportionate share of violence-related death and injury compared with the general population (2). Although 23 to 28 million Latinos live in this country, there is little information about violence-related morbidity and mortality among Latinos in the United States (3). This lack of information on Latinos hinders efforts to develop effective violence prevention programs.

The Latino population of the United States (see box) is faster growing and younger than the non-Latino population. According to the U.S. Census Bureau, the Latino population increased by 53 percent from 14.6 million in 1980 to 22.4 million in 1990—eight times as fast as the non-Latino population (4). Half the growth is attributed to immigration and half to the high birth rate of Latinos. The median age of Latinos in 1990 was 26 years, compared with 34 years among non-Latinos. Moreover, about 30 percent of Latinos are younger than age 15, compared with 21 percent of non-Latinos. Since the estimated

rate of personal victimization by violent crime peaks at ages 16 to 19 and declines substantially with age (5), a greater percentage of the Latino population is potentially at risk of violence and violent death compared with non-Latinos. In fact, among Latinos ages 15-24, homicide is the second leading cause of death (6).

The purpose of this paper is (a) to examine the impact of fatal and nonfatal violence among Latino adolescents and young adults, (b) to discuss contributory factors of violence among Latino adolescents and young adults, (c) to present limitations of current data collection systems as they pertain to Latinos, and (d) to make recommendations on strategies towards developing a violence prevention plan that addresses the needs of Latino youth. Because data presented on Latinos can obscure important differences among subgroups, the detailed information on Latino subgroups that is available will be presented.

Impact of Violence on Latino Youth

The Centers for Disease Control and Prevention of the Public Health Service defines violence as the threatened or actual use of physical force or power

against another person, against oneself, or against a group or community that either results in, or has a high likelihood of resulting in injury, death, or deprivation. This definition includes societal violence (3,7), manifested in environments and systems, that can deprive people and communities in the United States of equality and justice. The discussion in this paper is primarily confined to homicide and nonfatal violent injuries.

Homicide. Specific National Health Objectives for the year 2000 include reductions in the homicide rate among Latino males ages 15–34 (8). Homicide is the second leading cause of death among Latino adolescents and young adults, surpassed only by unintentional injuries (6). The homicide rate in 1991 for Latino youth ages 15–24 was approximately four times the rate for Anglo youth (6). The homicide rate in the United States for Latino females ages 15–24 was 5.6 per 100,000, compared with 3.9 per 100,000 for Anglo females in the same age bracket in the 1985–87 period. The homicide rate increased to 6.2 per 100,000 for Latino females in the 1988–90 period, while it stayed at 3.9 per 100,000 among Anglo females. Moreover, the homicide rate among Latino males ages 15–34, as reported in a recent Healthy People 2000 review, has increased from 41.3 per 100,000 in 1987 to 47.8 per 100,000 in 1990 (9).

Although Latino homicide rates are higher and may be increasing faster than that for non-Latinos, significant variation has been reported in the rate of homicide and the rate of years of potential life lost before age 65 (YPLL) due to homicide among Latino subgroups. In New Mexico, Latinos ages 15–24 had a homicide rate of 26.2 per 100,000 during the 1983–87 period, almost three times the homicide rate (9.1 per 100,000) of non-Latino whites (10). Another study in five southwestern States documented a peak homicide rate of 83.3 per 100,000 for Latino males ages 20–24 between 1976 and 1980, compared with a rate of 18.5 per 100,000 for Anglo males in the same age group (11). In that study, homicide rates for Anglo and Latino females were also highest in the 20–24 age group, approximately 6 per 100,000 for Anglos and 8 per 100,000 for Latinas.

Nationwide, the 1979–81 age-adjusted homicide rate was 60.4 per 100,000 among Mexicans, 75.6 among Puerto Ricans, and 63.1 for Cubans in the United States, compared with 10.9 per 100,000 for Anglos (12). The age-adjusted homicide rate for Mexican females was 5.0 per 100,000, 8.4 for Puerto Ricans, and 7.9 for Cuban females, compared with 3.1 per 100,000 for Anglo females. In terms of YPLL, from 1986 to 1988, homicide was the second

Defining Latino

In this article, Latino is a generic term for persons of different kinds of Latin American origin or descent living in the United States. They represent a multi-ethnic group reflecting a diversity of nationalities, citizenship status, educational backgrounds, and socioeconomic levels.

The major subdivisions of the U.S. Latino population are Mexican Americans, Puerto Ricans, Central Americans, Cuban Americans, and South Americans. Of these groups, Mexican Americans represent the largest subgroup, comprising about 63 percent of the total Latino population (4).

leading cause of premature mortality for Latino males and the fifth leading cause for Latino females overall (13). As demonstrated in these rates, although Latino females experience violence at a lower level than Latino males, the incidence of violence among Latino females is substantially higher than that experienced by Anglo females.

The rate of years of potential life lost before 65 due to homicide also varied by Latino male subgroup, being highest for Puerto Ricans at 11.7, followed by Cuban Americans at 10.5, and lowest in Mexican Americans at a rate of 8.6 years of potential life lost before age 65 per 1,000 (13).

These studies and data suggest the importance of analyzing homicide data not only in terms of ethnicity but also in terms of sex, immigration status, and country of origin. The availability of data for specific Latino subpopulations can help to target resources effectively to maximize benefit and efficiency when developing intervention strategies. It is particularly important to tailor interventions to the unique needs of both male and female Latino youth because each experience the repercussions of violence differently.

Nonfatal intentional injuries. Nonfatal intentional interpersonal violence occurs at much higher rates than homicide in all populations. While estimates may vary by mechanism of injury, the ratio of non-fatal violence to homicide for the general population is estimated to be greater than 100 to 1 (14). Nonfatal interpersonal violence apparently also occurs at a higher rate among Latinos than non-Latinos. Results from the 1991 National Crime Victimization Survey (5) indicate that the victimization rate of violent crime, which includes rape, robbery, and assault, is 48.3 per 1,000 for Latino males compared with 39.7 per 1,000 for non-Latino males. For females the rate

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is 23.9 per 1,000 for Latino females and 22.6 for non-Latino females. Additionally, Latino household victimization, defined as including burglary and household larceny, was approximately 65 percent higher than for non-Latinos in the United States (240 per 1,000 compared with 157).

School based data are equally compelling. During 1990, the national school-based Youth Risk Behavior Surveillance System (YRBSS) documented that 16.2 percent of male Latino high school students reported being in a physical fight that required medical treatment during the preceding 30 days, compared with 10.1 percent of white students (15). The percentage of Latino female students that reported recent fights was 4.4 versus 2.4 among female white students. The large percentage of Latino students involved in violent incidents is consistent with the higher rates of mortality experienced by Latinos from homicide as they get older.

Contributory Factors in Latino Communities

Violence arises from a complex interplay between a person's aggressive behavior and broader environmental factors such as social, economic, and political conditions that may tolerate and promote its use (3,14). The public health model for violence prevention and control, like that for preventing car crashes or infectious diseases, is based on the interaction between the physical and social environment (that is, adverse socioeconomic conditions such as extreme poverty and limited educational opportunities), the vehicle (firearms), and the host (victim characteristics such as age and alcohol consumption) (16).

The literature on violence-related injury recognizes that socioenvironmental factors, such as high levels of poverty and urbanization and low educational attainment, are associated with an increased risk of violent injuries (12,15). Firearms, a vehicle of violence, have been associated with a majority of homicides (14). Additionally, host factors such as young age, male sex, alcohol and other drug abuse, are factors that are associated with violent injuries (6,12).

The public health model suggests that violence is preventable. This approach brings a methodology for examining conditions that lead to increased risk for violence in order to develop effective short and long term prevention and intervention strategies. Since the environmental, vehicle, and host risk factors for Latino violent injuries are complex and multifaceted, multiple points where preventive efforts could be applied need to be identified. Progress toward reducing these risk factors will likely result in substantial reductions in violent injuries.

Environment. The rate of intentional injury is associated with both the degree of urbanization and the poverty level of the community. In 1991, the risk of victimization as measured by the National Crime Victimization Survey was three times greater for members of families with the lowest income (under \$7,500) than the highest income (\$50,000 and more) (5). The inverse relationship between income and violence also has been demonstrated for children and adults using census tract median income data (18,19). Approximately 92 percent of Latino households were in urban areas, compared with 73 percent of non-Latino households.

One in every four Latino families and almost two in five Latino children live in poverty, compared with fewer than one in five children in other racial and ethnic groups (4). In fact, 60 percent of the Latino population reports an income of less than 200 percent of the Federal poverty level (20). Homicide is inversely associated with the level of income among Cuban-born, Puerto Rican-born, and Mexican-born males (12). The disproportionate number of Latinos living in urban areas with high incidence of poverty places them at a higher risk for violence than non-Latinos.

Educational attainment also has been shown to be a predictor of morbidity and mortality and involvement in violence (21). The inverse association between educational attainment and violence is of particular concern because Latino youth have the highest high school dropout rate of all ethnic or racial groups. Mexican American adolescents who drop out of grades 6 to 12 have been shown to have a greater level of crime perpetration and are two to three times more likely to be victims of violence than those who continue attending school (21). In 1991, only 10 percent of Latinos ages 25 and older had completed 4 or more years of college, compared with 22 percent of non-Latinos (4). Based on the Census Bureau's 1991 Current Population Survey, only 52 percent of Latinos ages 18-24 had completed four years of high school or more, compared with 82 percent for whites.

The disproportionately low educational attainment of many Latinos places them at additional risk for violence.

Exposure to violence is another environmental factor that can increase the risk for violence. This type of violence has been found to affect adversely children's emotional stability, ability to function in school, and orientation towards the future (22,23). Many Latino children come from countries where they have survived terror, deprivation, and loss, including assaults, rape, and the murder of family members. They are part of families that are now resettled in the United States. In one study, symptoms of post traumatic stress disorder were reported by approximately 50 percent of immigrants from Central America and 25 percent from Mexico (24). When these and other immigrants are re-exposed to violent neighborhoods in the United States, the new traumas can reawaken and compound the past psychic pains.

Additionally, the violence of social and economic inequity, which is far more difficult to quantify than the number of deaths and injuries due to violence, clearly can impact young people's perception of opportunities and limit their dreams and motivations. Increased understanding of the interaction between previous and current environmental exposure to violence and violent or nonviolent behavior of Latino youth is needed. A better understanding of the psychological strengths of Latinos who resist violent activity despite many risk factors will greatly enhance our ability to develop intervention programs that capitalize on the existing strengths and capabilities of these youth.

The vehicle. Handguns are recognized as a significant contributor to the mortality and morbidity associated with violence (25,26). During 1990, more than 4,000 U.S. teenagers were killed by firearms. That same year, firearms accounted for one in every four deaths among persons ages 15–24 years and 77 percent of homicides among teenagers ages 15–19 (25). Although no national studies on death by firearms among Latinos are yet available, from 1970 to 1983, firearms and explosives were used in 65.1 percent of homicides among Latinos in the Southwest (27). Data from the 1990 Youth Risk Behavior Survey indicate that 41.1 percent of Latino male high school students—compared with 28.6 percent of white males—reported carrying a weapon at least once in the 30 days preceding the survey (28). Among females, 12.2 percent of Latino females reported carrying a weapon compared with 5.3 percent of white students. Additionally, when age is not considered, violent crimes against Latinos are 50

percent more likely to involve firearms than are such crimes against whites (29). Access to firearms appears to place Latinos, as well as other populations, at increased risk of homicide and violent injury.

The host. Alcohol and other drug consumption by the victim or perpetrator of violence, the host, is associated with assaultive crime, serious youth crime, and being both a homicide victim and perpetrator (30–32). Latino adults may drink more heavily and have a higher rate of alcohol-related problems than the general U.S. population (33). Additionally, Latino youth who drink may also consume larger quantities and experience more drinking related problems than other adolescents (34). Alcohol use was also found to be widespread among Latino homicide victims in Los Angeles (35). While most studies do not differentiate among Latino subgroups, a national sample of Mexican American eighth graders reported higher rates of alcohol and drug use than white non-Latinos (36). A significant relationship between drug use and violent delinquency has also been documented among Mexican American adolescents (37). Although alcohol and other drug use may be a serious problem among Latinos, more research is needed that describes their impact and differences among subgroups.

Alcohol and other drugs are readily available in many Latino communities, and their use may be encouraged through advertising and social pressure. One study of 213 California cities found that there is a higher concentration of alcohol outlets in low-income and ethnic minority neighborhoods than in other neighborhoods (38). Consequently, targeting and promotion of alcohol in Latino communities may be occurring disproportionately. Studies have demonstrated that making alcoholic beverages less accessible can reduce violence and other costly consequences of alcohol, such as traffic fatalities (39). The prevalence of abuse and availability of alcohol and other drugs in Latinos communities may contribute to the higher homicide and violent injury rates observed.

Limitations of Data on Latinos

Public health surveillance of injuries due to violence is crucial to prevention. Unfortunately, surveillance methods for homicide and nonfatal injuries due to violence among the Latino population are limited. The current system for defining and recording ethnicity is inconsistent, making current data bases difficult to interpret or compare. There are also no standardized ways of reporting acts of fatal

and nonfatal violence. The primary national data collection systems that report on fatal violent outcomes are the National Center for Health Statistics (NCHS) and the Federal Bureau of Investigations' Uniform Crime Reports (UCR). The UCR and the Bureau of Justice Statistics' National Crime Victimization Survey (NCVS) also report on national nonfatal violent outcomes. The next section of this paper focuses on some of the surveillance issues that have special relevance to the Latino population living in the United States.

Determination of ethnicity. The vital statistics of the NCHS contain all deaths in the United States recorded from death certificates. Funeral directors are responsible for determining demographic information including race and ethnicity on death certificates. Because the Latino ethnic group is composed of black and white races, determining identification on appearance alone is problematic and can lead to misclassification. It is unclear whether funeral directors ask a relative, use the appearance of family or friends, Spanish surname, or some other method to determine Latino ethnicity. A recent survey comparing death certificate data with reports by next of kin showed that 19 percent of Latinos identified by next of kin were not identified on death certificates (40). Thus, population estimates for reportable deaths may be underestimated for Latinos.

The Uniform Crime Reports uses a Supplementary Homicide Report (SHR) to collect demographic information of the victim and offender reported by law enforcement agencies. During 1991 the law enforcement agencies active in the UCR Program represented 96 percent of the total U.S. population (41). In the SHR, ethnicity is determined by Spanish surname or the judgement of police officers and detectives. This method excludes many Latinos without a Spanish surname. Because of inconsistent definitions of the Hispanic variable, the populations may no longer be comparable. More collaboration among the Census Bureau, the National Center for Health Statistics, and the Uniform Crime Reports is needed to address problems such as assigning of ethnicity, use of surnames as proxy, and specificity of "other race" categories.

Completeness of reporting. While the NCHS has made great strides to improve data collection for Latinos, there remain important gaps in the quality and availability of national information on mortality for the Latino population. The national data are inaccurate because some States have not provided information on ethnicity. For example, it was not

until 1989 that 44 States and the District of Columbia started to collect data on Latino mortality. In 1990, 45 States and the District of Columbia identified Latinos on death certificates, but New York City data were not used in tabulating mortality rates because up to 20 percent of its death certificates were coded to "unknown origin" (42). This omission most significantly affects mortality estimates for Puerto Ricans, because approximately half of the deaths of Puerto Ricans are accounted for by New York City. Thus, comprehensive violence-related death rates or mortality trends for specific Latino subgroups are unavailable on a national level for this census year and may be subject to relatively large random variation.

The Uniform Crime Reporting Program also suffers from incomplete and variable data on Latinos and other groups (43). The UCR obtains data from police reports that include assaults and homicides. Since one study found that approximately four times as many cases of nonfatal assaults come to the attention of hospitals than to local police (44), use of the UCR and SHR alone is inadequate. This gap may be relevant particularly for members of the Latino community who may not report crimes because of previous negative experiences with the police or fear of jeopardizing their resident status. Additionally, information on Latino ethnicity for homicide collected by the SHR is missing for a high percentage of victims reported through this system. This omission leaves statewide estimates of the level of homicide for Latinos suspect and also leads to questions on the validity of national data on Latinos obtained through these sources.

The National Crime Victimization Survey collects detailed information on the frequency and nature of violent and other non-fatal crimes. However, the NCVS only recently has begun calculating separate victimization rates for Latinos, and no rates on Latino subgroups have been calculated nationally. The fact that the NCVS instruments are in English only could lead to a nonrepresentative sample of Latinos, since the majority of Latinos speak Spanish at home and many may not be able to speak English (45). As is the case with the UCR, immigration status may be an important factor that introduces significant bias in this survey.

Policy Implications

Ideally, the public health framework for transferring relevant information into effective action begins with epidemiology, which is a major tool for establishing data-driven policy. Programs are then

designed, implemented, evaluated, and if successful, instituted broadly. Further qualitative and quantitative research is needed to understand better the context of Latino violence. The ensuing recommendations are modeled around major components of a public health approach to violence prevention and include surveillance, assessment, and prevention strategies that use the creative energies of an engaged Latino community.

Surveillance and assessment. Existing surveillance methods need to be modified for better collection of consistent data pertaining to the Latino population. Changing a data system is complex and often expensive. However, underreporting of the level of violence can influence the attention and level of resources directed to the Latino population and cause inadequate planning for violence prevention. The following strategies for data collection are recommended:

- Include Latino and Latino subgroup identifiers in all vital statistics;
- Establish an explicit protocol for determining ethnicity, particularly for funeral directors;
- Modify the National Crime Survey to sample Spanish-speaking Latinos and validate data collection and research instruments for cultural competence and linguistic appropriateness;
- Improve the Federal Bureau of Investigation's Uniform Crime Reports and Supplemental Homicide Reports by using statistical methods such as oversampling to include the heterogeneity of the Latino population;
- Modify the Youth Risk Behavior Surveillance System by including information on Latino subgroups in various parts of the country; and
- Involve Latino communities in activities that increase availability and dissemination of existing data on violence among Latinos, so that the data can be used by broader audiences, including Latino community based organizations and their constituents in the planning and development of community based strategies.

Prevention. Violence prevention strategies can be divided into those that primarily target change in the host, agent, and environment. Unfortunately, although many violence prevention strategies exist, few have been thoroughly evaluated (46). Even school-based conflict resolution, one of the most popular violence prevention strategies in use, lacks much evidence of long-term changes in violent behavior or sustained changes in other health and social problems without

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other supporting interventions (47). Nevertheless, evaluation of a Washington, DC, law, that limited handgun ownership to police officers, security guards, and previous gun owners, found a 25-percent decrease in firearm suicides and homicides after passage of the law (48). More evaluation of violence prevention strategies is necessary in order to identify effective policies. The use of cultural factors and community participation in planning and implementing prevention programs may improve their effectiveness.

For Latinos, there are important ethnic and cultural attributes that should be acknowledged in designing research and prevention strategies (45). Although there is no homogeneous Latino culture, most Latinos share a common language and many cultural values such as *familismo*, the view of the family as most central and important, that frequently predominate over national origin. *Familismo* is one of the most important Latino cultural values. Substance abuse and smoking prevention programs have successfully used the sanctity of the family as a way to help deter behavior that can harm not only one person but also his or her family.

This strategy also harnesses a cultural strength. As Latinos become acculturated in the United States, *familismo*, ethnic identity, and Spanish language are cultural components that frequently persist. In designing prevention strategies, policy makers need to consider predominant cultural characteristics in order to reach the majority of Latinos. It is important also to describe and to evaluate further the effects of acculturation on the adherence to traditional values and attitudes.

Latinos' community involvement with the development and implementation of violence prevention programs that impact their community can improve their effectiveness. These programs could involve State and local health departments to help foster social change by addressing issues such as low educational attainment, alcohol and other drug abuse, and firearm control.

For example, in San Francisco, CA, the Real Alternatives Program and the Central American Refugee Center are two Latino organizations that have developed a collaborative planning process involving a partnership of adult and youth residents and the public and private agencies that serve them. Goals include changes in both the social and physical environments by activities that deter undesirable behavior and actions. Social and economic opportunities are developed to help persuade Latino youth that it is in their best interest to avoid violent behaviors. Parents learn about and contribute to programs designed to serve their children and enhance parenting skills. This grassroots and pragmatic program addresses the needs of Latino residents, immigrants, and refugees by using a proactive social change approach with culturally relevant values.

Many violence prevention programs exist, although they need to be more fully documented and evaluated. Funding agencies are beginning to acknowledge evaluation as an integral part of developing violence prevention programs and are funding them appropriately. For example, the Violence Prevention Initiative of The California Wellness Foundation is including a strong evaluation component led by experts at Johns Hopkins University, Stanford University, and the RAND Corporation. The evaluators will be conducting a 5-year study to document the process and outcomes of the initiative, including 17 community violence prevention collaboratives. The evaluation findings should help guide the future for the prevention of youth violence in the nation.

Conclusion

There are no simple explanations or solutions for violent injuries and deaths. Given limited resources and the increasing problem of violence, improved data on the Latino population are needed for better planning to take place. To assure proper interpretation and use of the data, both ethnic and socioeconomic data should be collected simultaneously (49). However, data alone will be insufficient to plan and evaluate the types of community-wide, culturally specific interventions that are needed. To target resources effectively and maximize their benefit, a special focus on the Latino population, with its unique risk and resiliency factors, is needed.

Recognizing that there is no single cause or simple solution to violence, we must develop an integrated, comprehensive agenda for violence prevention including a strong public health focus. In order to improve our ability to develop effective community-oriented

strategies, rigorous evaluation must accompany implementation efforts. A commitment from policy makers, community groups, private agencies, school districts, health and social service providers, and parents to integrate prevention and treatment strategies into ongoing efforts, is needed to avoid programs that are financially fragile and of limited long-range impact. The voice of Latino youth also must be incorporated in these efforts, including their primary involvement in developing solutions to the violence experienced in their community.

Effective strategies to decrease violence must go beyond traditional modes of thinking to envision communities where violence and the fear of violence do not control daily life. Community based after-school programs, community service efforts, even incentive programs that offer students rewards for positive behaviors such as staying in school or avoiding fights, all can be components of a system of support services. Strategies that respect and reflect the values of Latino youth and families likely will be most useful in preventing violence. Latino youth are most successful when family, community, and public institutions work toward a common goal. Without full recognition of the interplay of violence, poverty, and social inequity, even the best public health approaches will fail.

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